
SENATE BILL No. 398

DIGEST OF INTRODUCED BILL

Citations Affected: IC 35-43-5-7.1.

Synopsis: Medicaid fraud. Provides that a person commits a Class D felony if the person bills Medicaid for an amount that exceeds the person's usual and customary charge for a product or service.

Effective: July 1, 2003.

Dembowski

January 16, 2003, read first time and referred to Committee on Criminal, Civil and Public Policy.

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First Regular Session 113th General Assembly (2003)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2002 Regular or Special Session of the General Assembly.

SENATE BILL No. 398

A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 35-43-5-7.1, AS AMENDED BY P.L.273-1999,
2 SECTION 179, IS AMENDED TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2003]: Sec. 7.1. (a) Except as provided in
4 subsection (b), a person who knowingly or intentionally:
5 (1) files a Medicaid claim, including an electronic claim, ~~in~~
6 ~~violation of IC 12-15,~~ **for an amount that exceeds the person's**
7 **usual and customary charge for a product or service;**
8 (2) obtains payment from the Medicaid program under IC 12-15
9 by means of a false or misleading oral or written statement or
10 other fraudulent means;
11 (3) acquires a provider number under the Medicaid program
12 except as authorized by law;
13 (4) alters with the intent to defraud or falsifies documents or
14 records of a provider (as defined in 42 CFR 1002.301) that are
15 required to be kept under the Medicaid program; or
16 (5) conceals information for the purpose of applying for or
17 receiving unauthorized payments from the Medicaid program;



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1 commits Medicaid fraud, a Class D felony.

2 (b) The offense described in subsection (a) is a Class C felony if the
3 fair market value of the offense is at least one hundred thousand dollars
4 (\$100,000).

5 SECTION 2. [EFFECTIVE JULY 1, 2003] **IC 35-43-5-7.1, as**
6 **amended by this act, applies to offenses committed after June 30,**
7 **2003.**

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